Despair and Disadvantage: Some Questions

MORTAL Workshop

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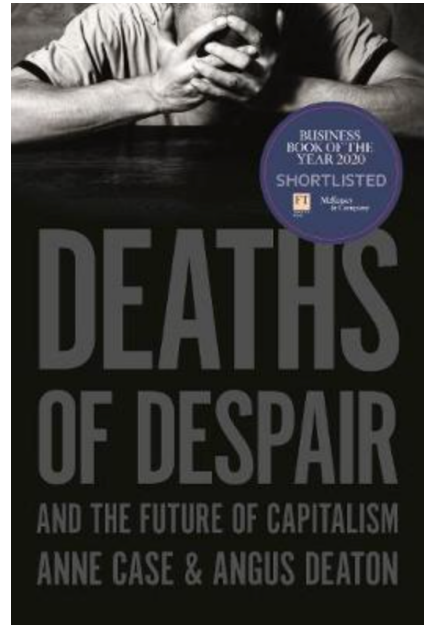
Power of simple narratives

> Our contribution was to link drug overdoses, suicides, and alcohol-related deaths, to note that all were rising together, that together they were afflicting mostly whites, and that, among that group, the long fall in total mortality had stopped or reversed. We also chose the collective label “deaths of despair,” which helped publicize the combined epidemic and emphasize that it included more than just drug overdose.



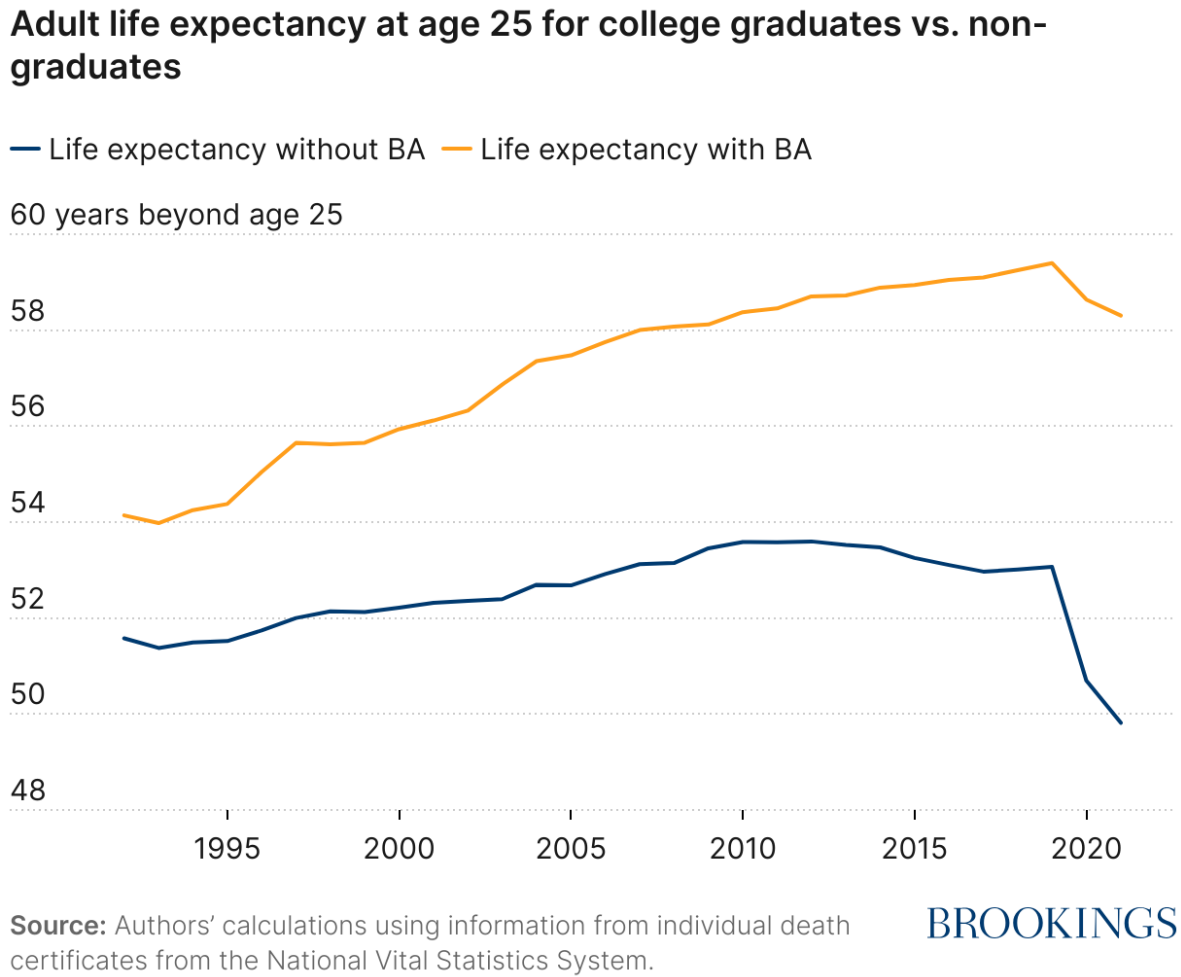
See Case and Deaton (2020) and Case and Deaton (2015)

Is this narrative compelling?

Artifact of selection?

Due to ‘deaths of despair’?

Mechanisms?



Case and Deaton (2023)

Mortality increases largely confined to bottom 10th percentile of education.

Selection bias likely explains some of the e_{25} gap increase.

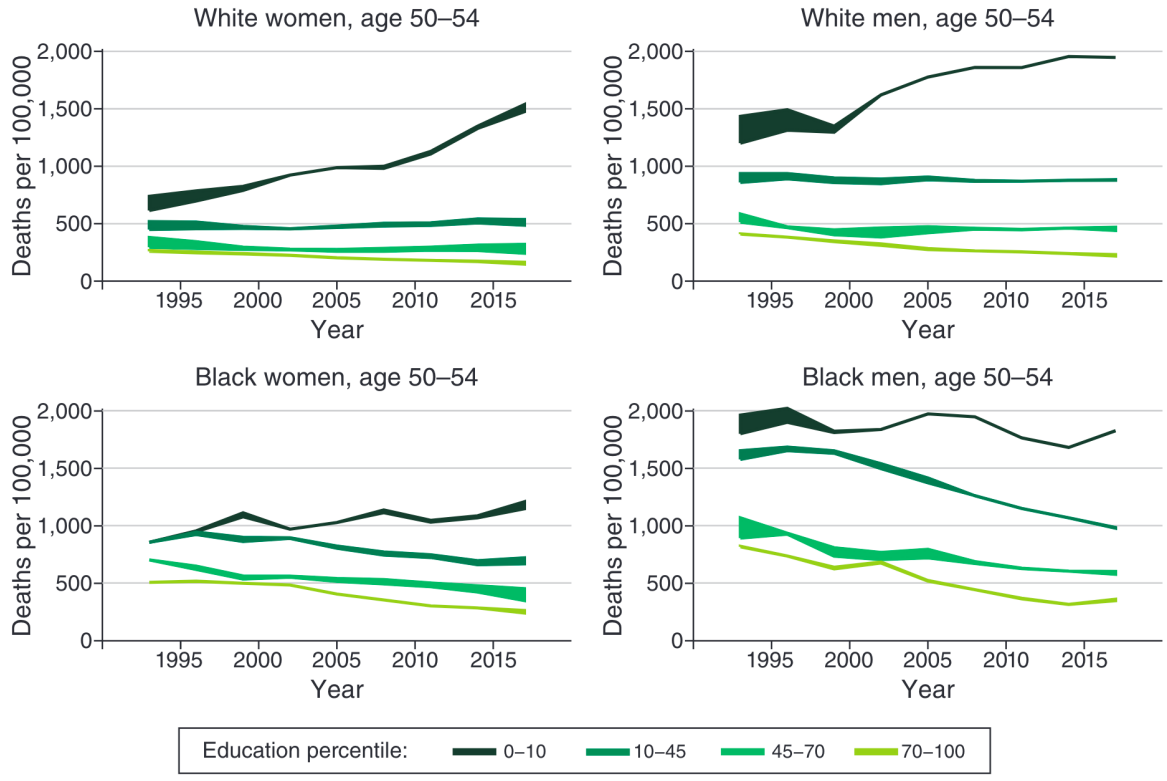
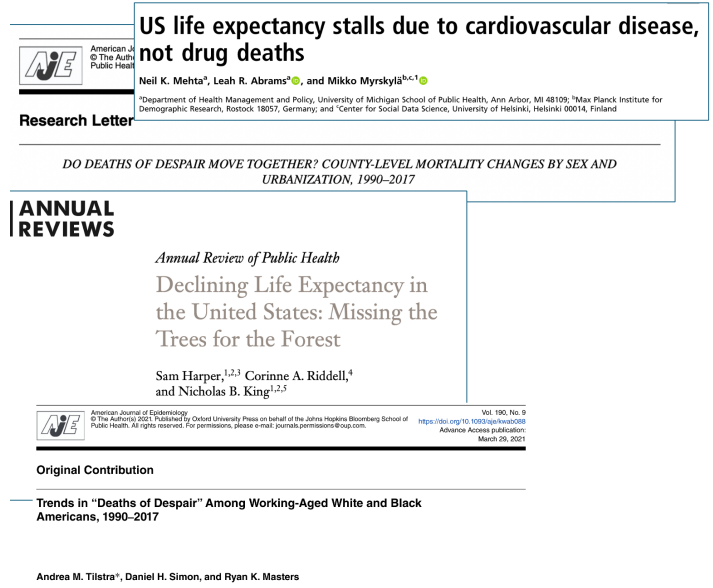


FIGURE 5. ALL-CAUSE MORTALITY CHANGE IN CONSTANT EDUCATION PERCENTILES: AGE 50–54, 1992–1994 TO 2016–2018

Novosad et al. (2022) See also Dowd and Hamoudi (2014)

Limited evidence for ‘deaths of despair’

- Not aligned with cause-specific deaths by race, age, and place.
- Weak spatial and temporal correlations between drug, alcohol, and suicide deaths.
- Declines in CVD also important for mortality slowdowns.
- Opioid overdose deaths largely responsible for trends.


US life expectancy stalls due to cardiovascular disease, not drug deaths

Neil K. Mehta[a], Leah R. Abrams[a], and Mikko Myrskylä[b,c,1]

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Research Letter

DO DEATHS OF DESPAIR MOVE TOGETHER? COUNTY-LEVEL MORTALITY CHANGES BY SEX AND URBANIZATION, 1990–2017

ANNUAL REVIEWS

Annual Review of Public Health

Declining Life Expectancy in the United States: Missing the Trees for the Forest

Sam Harper,[1,2,3] Corinne A. Riddell,[4] and Nicholas B. King[1,2,5]

American Journal of Epidemiology

Vol. 190, No. 9

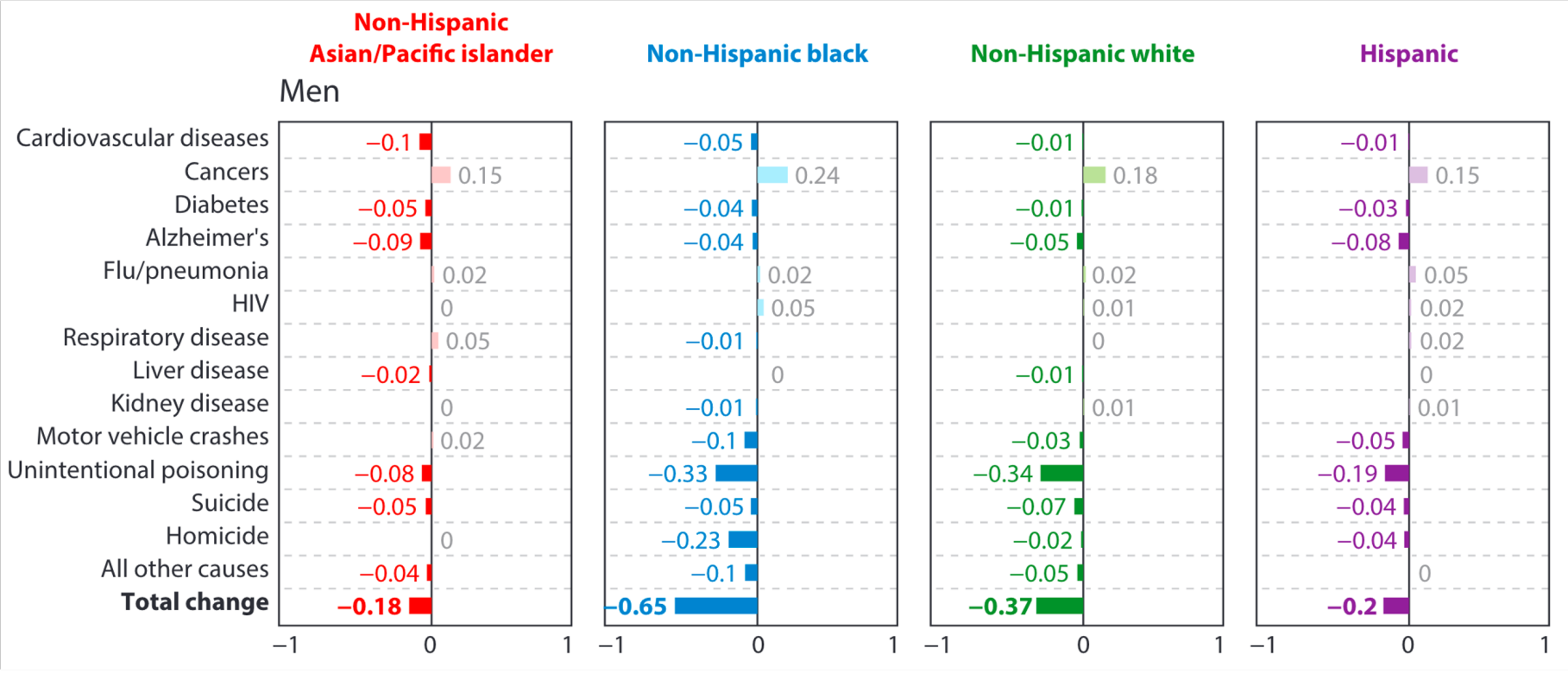
Original Contribution

Trends in “Deaths of Despair” Among Working-Aged White and Black Americans, 1990–2017

Andrea M. Tilstra*, Daniel H. Simon, and Ryan K. Masters

Mehta et al. (2020) Harper et al. (2021) Simon and Masters (2021) Tilstra et al. (2021)

Contributors to change in e_0 2014-2017, by race and cause for men

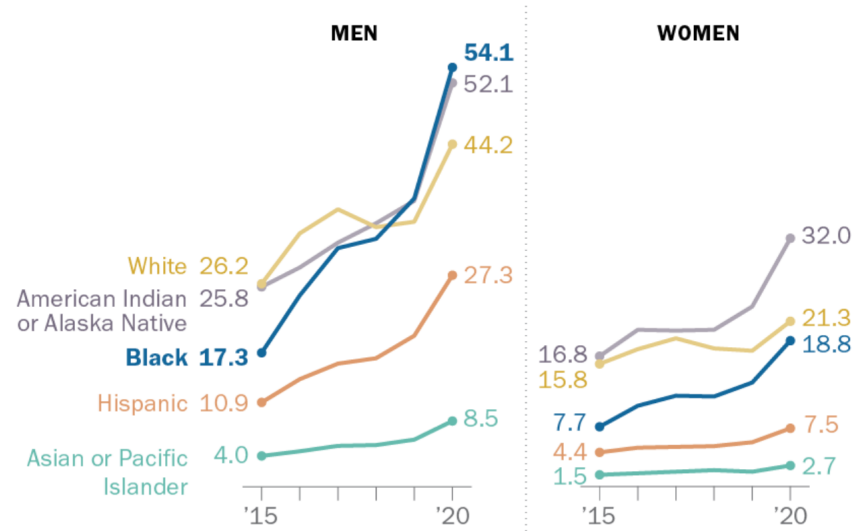


Harper et al. (2021)

- Much faster increases in opioid overdoses among Blacks *and* American Indian and Alaska Natives in recent years.
- Cannot be chiefly explained by the loss of economic opportunities among NH whites.

Drug overdose death rate among Black men in the U.S. more than tripled between 2015 and 2020

U.S. drug overdose death rate per 100,000 people, by race and ethnicity (age-adjusted)



Note: All racial categories include people of one race, as well as those who are multiracial. For those who are multiracial, the CDC selects a single race to allow for consistent comparisons. All racial groups refer to non-Hispanic members of those groups, while Hispanics are of any race.
Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

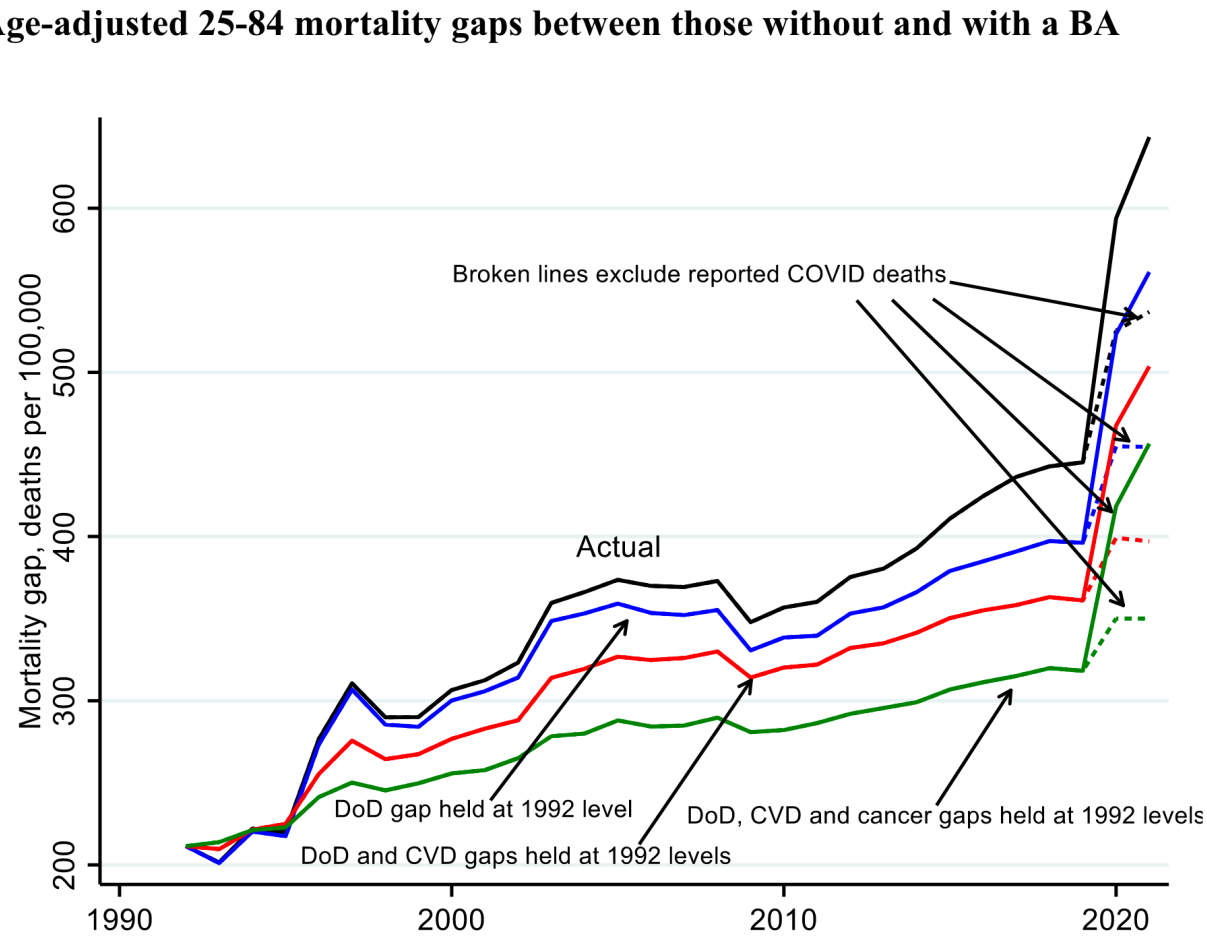
Source: Pew Research Center

Table 2. Change in Years of Life Lost between Ages 25 and 84, by Race, Sex, Education, and Cause of Death, 1990–2015, Using CDC Multiple Cause of Death Files, Decennial Census, and American Community Survey.

	Non-Hispanic White Men								Non-Hispanic Black Men							
	Low Ed			High Ed			Change in Gap	% Share of Total	Low Ed			High Ed			Change in Gap	% Share of Total
	1990	2015	Chg	1990	2015	Chg			1990	2015	Chg	1990	2015	Chg		
Opioids and other drugs	.29	1.57	1.28	.13	.63	.49	.79	24	.56	.81	.25	.37	.49	.12	.13	5
Non-drug suicide	.61	.82	.21	.37	.47	.10	.11	3	.27	.26	−.01	.24	.19	−.05	.04	1
Alcoholic liver	.22	.30	.07	.13	.16	.03	.04	1	.44	.14	−.30	.29	.09	−.19	−.11	−4
Total deaths of despair	1.12	2.68	1.56	.63	1.25	.62	.94	29	1.27	1.21	−.06	.90	.77	−.12	.06	2
Cardiovascular disease	5.03	3.63	−1.39	4.14	2.13	−2.00	.61	19	5.38	4.71	−.67	5.77	3.77	−2.00	1.33	45
Lung cancer	1.59	1.09	−.50	1.16	.54	−.61	.11	3	1.54	.93	−.61	1.60	.70	−.90	.29	10
Other cancer	2.00	2.20	.20	2.09	1.61	−.48	.68	21	2.35	2.27	−.07	2.82	1.97	−.86	.78	26
HIV	.31	.05	−.26	.39	.03	−.36	.09	3	1.09	.38	−.71	1.09	.22	−.87	.15	5
Other infectious disease	.16	.35	.19	.13	.17	.05	.14	4	.42	.46	.03	.35	.35	.00	.03	1
Diabetes	.27	.45	.18	.21	.26	.04	.14	4	.38	.67	.29	.43	.56	.13	.16	5
Lower respiratory	.67	.81	.13	.43	.36	−.07	.20	6	.34	.46	.12	.41	.34	−.07	.19	6
Kidney disease	.09	.18	.09	.06	.10	.04	.05	2	.20	.39	.19	.20	.31	.11	.08	3
Other liver	.16	.19	.02	.11	.09	−.02	.04	1	.21	.13	−.08	.17	.09	−.08	.00	0
Mental/behavioral	.08	.12	.04	.04	.08	.04	.00	0	.15	.15	.00	.10	.12	.03	−.02	−1
Other internal	1.35	1.88	.52	.98	1.09	.12	.41	12	2.20	2.01	−.18	1.84	1.48	−.37	.18	6
Accidents/undetermined	1.26	1.09	−.17	.60	.54	−.07	−.10	−3	1.49	1.06	−.43	.97	.67	−.30	−.13	−4
Homicide	.26	.16	−.10	.08	.05	−.03	−.07	−2	2.00	1.56	−.45	1.01	.71	−.30	−.15	−5
All other causes	.02	.03	.01	.02	.02	.00	.01	0	.05	.05	.00	.04	.03	−.01	.01	0
Total	14.38	14.91	.53	11.07	8.34	−2.72	3.26		19.07	16.43	−2.63	17.69	12.09	−5.61	2.98	

Geronimus et al. (2019)

CVD and cancers now part of the story?



Case and Deaton (2023)

What about despair?

Consequences of vague narratives

> Rising despair as fertile ground for abusive self-soothing…

> …broad consensus that [pain and despair] have been increasing for decades…

> …an ocean of pain and distress among less-educated Americans

ANNUAL REVIEWS

Annual Review of Economics

The Great Divide: Education, Despair, and Death

Anne Case[1] and Angus Deaton[1,2]

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JEL codes: I1, I12, I4, I24, J10, J31, D72, P16

Keywords

deaths of despair, opioid epidemic, COVID-19 pandemic, politics of despair, educational status, pain

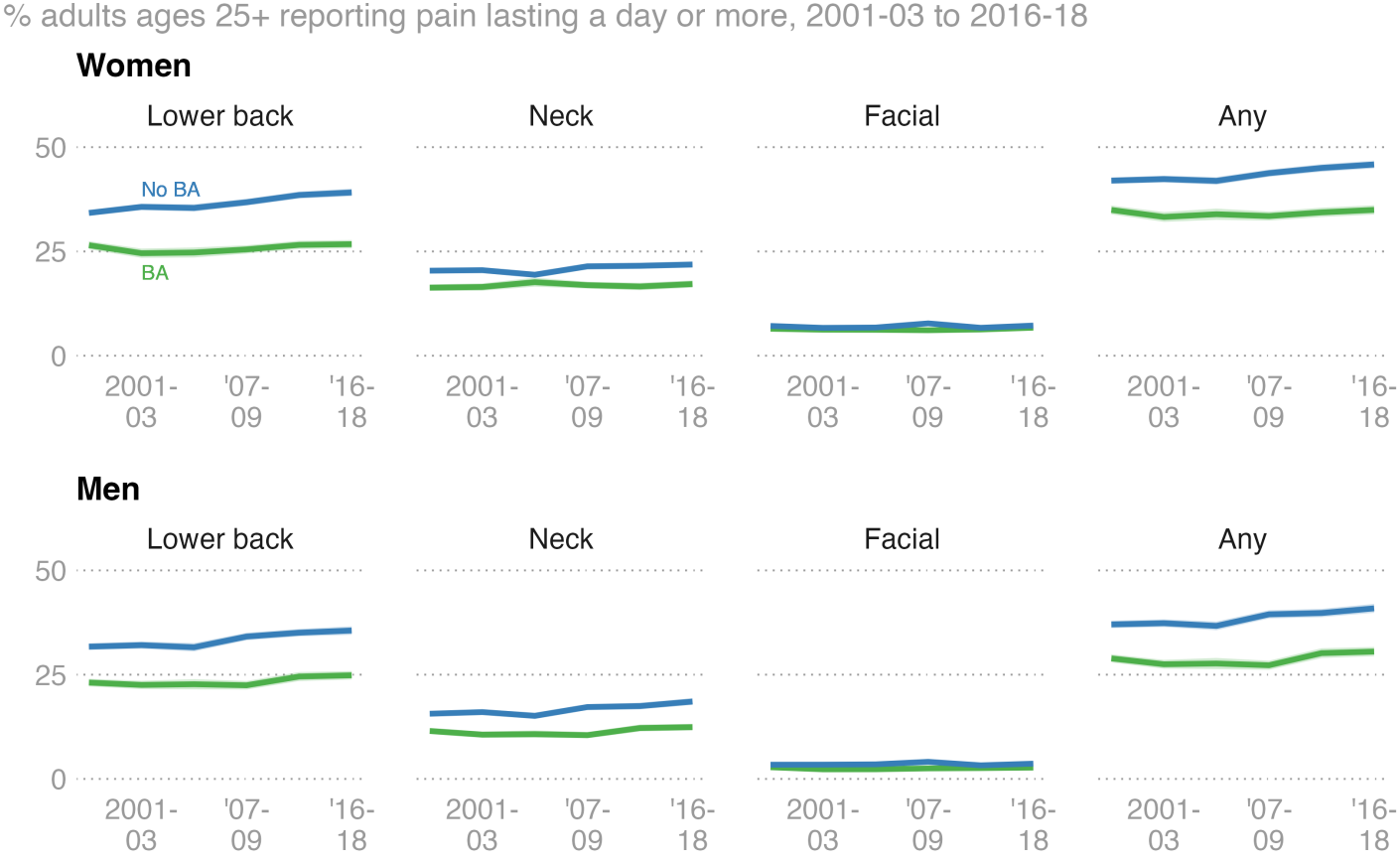
Abstract

Deaths of despair, morbidity, and emotional distress continue to rise in the United States, largely borne by those without a college degree—the majority of American adults—for many of whom the economy and society are no longer delivering. Concurrently, all-cause mortality in the United States is diverging by education in a way not seen in other rich countries. We review the rising prevalence of pain, despair, and suicide among those without a bachelor's degree. Pain and despair created a baseline demand for opioids, but the escalation of addiction came from pharma and its political enablers. We examine the politics of despair, or how less-educated people have abandoned and been abandoned by the Democratic Party. Whereas healthier states once voted Republican in presidential elections, now the less-healthy states do. We review deaths during COVID-19, finding that mortality in 2020 maintained or exacerbated existing relative mortality differences between those with and without college degrees.

See Case and Deaton (2022)

Is this an ‘ocean’ of pain?

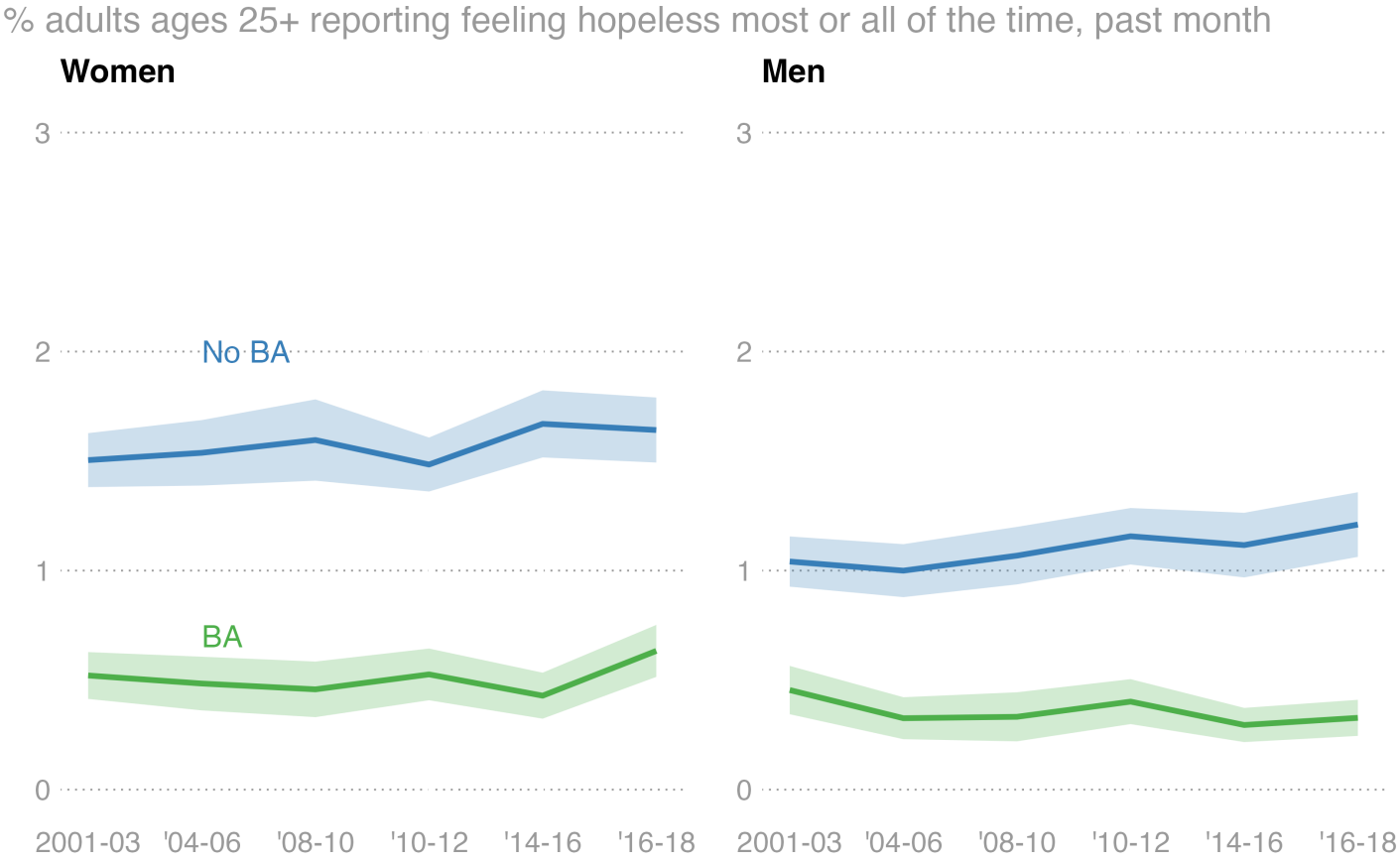
Can it drive up mortality?



Source: Author’s calculations of NHIS. See also Zajacova et al. (2021) and Cutler and Glaeser (2021)

Similarly flat for ‘A little or some’ hopelessness.

Few differences by race.



Source: Author’s calculations of NHIS.

What about disadvantage?

We propose a preliminary but plausible story in which cumulative disadvantage from one birth cohort to the next—in the labor market, in marriage and child outcomes, and in health—is triggered by progressively worsening labor market opportunities at the time of entry for whites with low levels of education.

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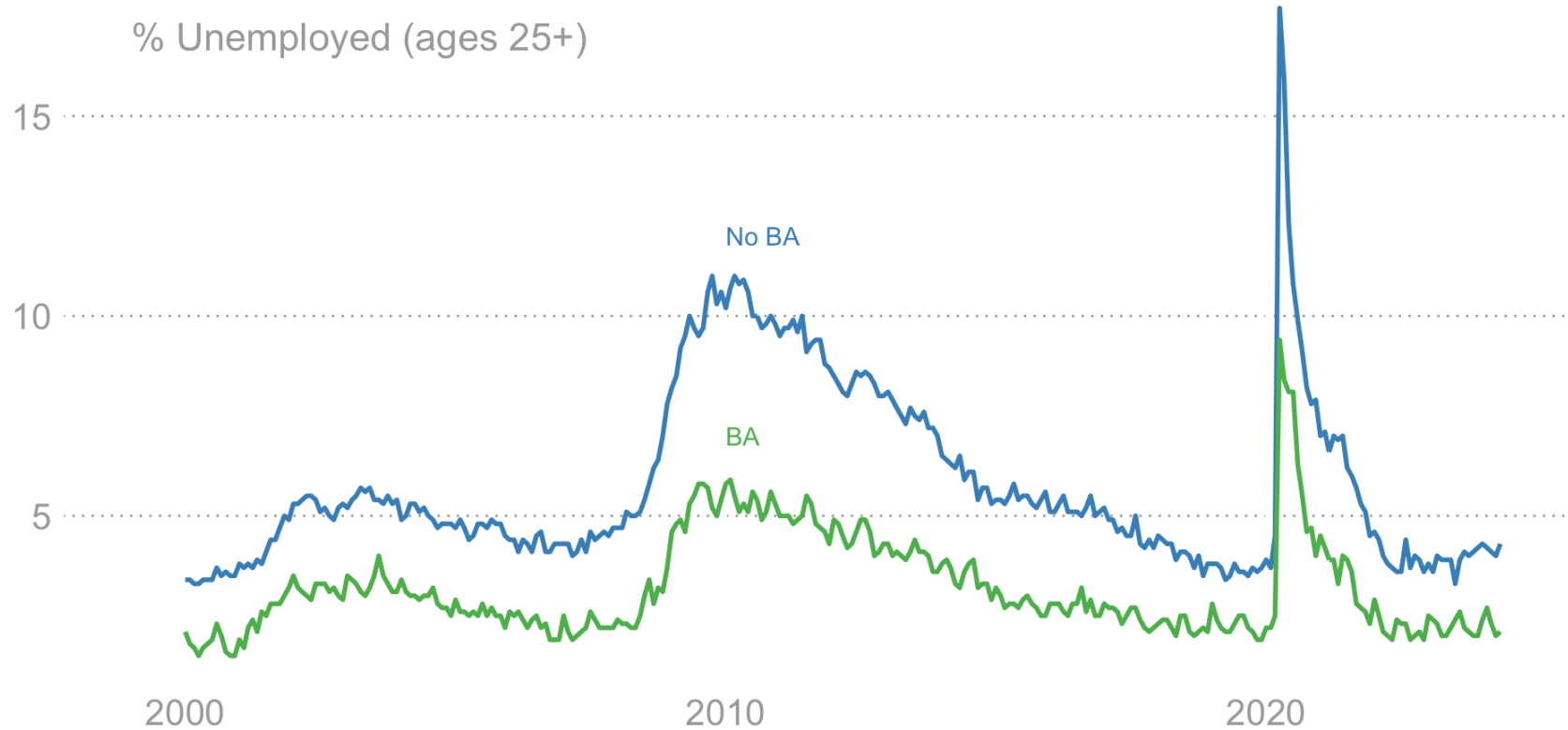
Mortality and Morbidity in the 21st Century

ABSTRACT Building on our earlier research (Case and Deaton 2015), we find that mortality and morbidity among white non-Hispanic Americans in midlife since the turn of the century continued to climb through 2015. Additional increases in drug overdoses, suicides, and alcohol-related liver mortality—particularly among those with a high school degree or less—are responsible for an overall increase in all-cause mortality among whites. We find marked differences in mortality by race and education, with mortality among white non-Hispanics (males and females) *rising* for those without a college degree, and *falling* for those with a college degree. In contrast, mortality rates among blacks and Hispanics have continued to fall, irrespective of educational attainment. Mortality rates in comparably rich countries have continued their premillennial fall at the rates that used to characterize the United States. Contemporaneous levels of resources—particularly slowly growing, stagnant, and even declining incomes—cannot provide a comprehensive explanation for poor mortality outcomes. We propose a preliminary but plausible story in which *cumulative disadvantage* from one birth cohort to the next—in the labor market, in marriage and child outcomes, and in health—is triggered by progressively worsening labor market opportunities at the time of entry for whites with low levels of education. This account, which fits much of the data, has the profoundly negative implication that policies—even ones that successfully improve earnings

Case and Deaton (2017)

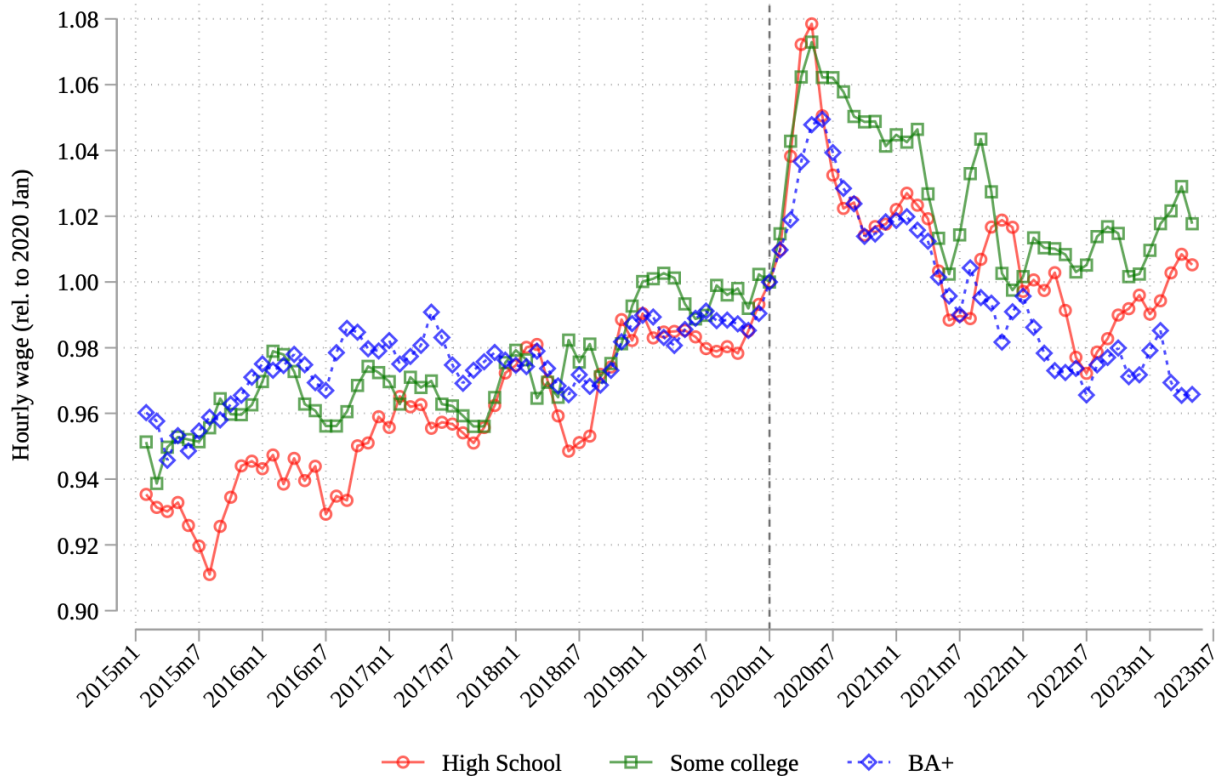
Unemployment gaps have remained largely consistent



Source: Federal Reserve Bank

The college wage premium has declined

- Had risen since early 1980s.
- Rapid growth at bottom of wage distribution since 2012.
- Stronger for those under age 40.



Source: Autor et al. (2023). Also see Aeppli and Wilmers (2022)

Parting thoughts

- Economic life is demonstrably worse for those without a BA.
- Evidence linking the ‘tangle of pathologies’ still limited.
- More recent work by CD reflects some listening to critics.
- Excessive focus on narrative of ‘despair’ and disadvantage draws attention away from other important causes, interventions, and population groups.

United States | Live free and die

Horrifying numbers of Americans will not make it to old age

America tolerates rates of early death well beyond those of other rich countries

Questions?

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